



CAMP HILL PRESBYTERIAN CHURCH
PRESCHOOL APPLICATION
2017-2018

To register for the 2017-2018 school year children **MUST** meet the age requirements listed below.

Child's Name _____

Date of birth _____ Male _____ Female _____

Name you prefer your child be called _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____

(If you **DO NOT** wish the Preschool to publish your child's address, phone number and the parents' names in a class list, please check here _____. The list would only be distributed to the class parents.)

PROGRAMS OFFERED

Please check your preference.



First Step	Must be age 2 by 12/31/2017		
1 Day	Monday	9:15-11:15 AM	
	Wednesday	9:15-11:15 AM	
BeeTweeners	Must be age 2½ by 9/01/2017		
2 Days	Monday, Tuesday	9:15-11:30 AM	
	Thursday, Friday	9:15-11:30 AM	
3 Year-Old Classes	Must be age 3 by 9/01/2017 & must be potty trained		
3 Days	Monday, Tuesday, Wednesday	9:15-11:45 AM	
	Tuesday, Wednesday, Thursday	9:30-12:00 PM	
	Wednesday, Thursday, Friday	9:00-11:30 AM	
4 Year-Old Classes	Must be age 4 by 9/01/2017 & must be potty trained		
3 Days	Tuesday, Wednesday, Thursday	9:30-12:00 PM	
4 Days	Monday, Tuesday, Wednesday, Thursday	9:00-11:30 AM	
	Tuesday, Wednesday, Thursday, Friday	9:15-11:45 AM	
Pre K	Must be age 5 by 9/30/2017 & must be potty trained		
5 Days	Monday – Friday	9:15-11:45 AM	

Mother's Name:	Father's Name:
Mother's Cell Phone #	Father's Cell Phone #
Mother's email:	Father's email:
Mother's Occupation/Business Name:	Father's Occupation/Business Name:
Religious Affiliation of Mother:	Religious Affiliation of Father:
Names and ages of all siblings and step-siblings.	
Names of all other adults living in the home.	

Have any of your children been enrolled in the CHPC Preschool before? YES/NO
 Teacher he/she had _____

Has your child been enrolled in any other preschool program/daycare? YES/NO
 Name of program attended _____

HEALTH ASSESSMENT

Does your child have any physical condition or illness that they are under the ongoing supervision/treatment of a physician? If yes, please explain:

* Does your child have any allergies? YES/NO

If yes, what is the allergy? _____

What is the severity/nature of the allergic reaction?

Are any medications prescribed? YES/NO

Please list any foods that you do not want your child to eat for religious or cultural reasons.

Does your child have any special needs? YES/NO

If yes, is your child receiving services for those special needs? YES/NO

If yes, please explain:

LANGUAGE SKILLS

Does your child speak English? YES/NO
If yes, what is the level of fluency? Fluent - Some basic words. (Circle one)

Does your child understand English? YES/NO
If yes, what is the level of fluency? Fluent - Some basic words. (Circle one)

What is the primary language spoken in the home? _____
Please list all languages spoken in the home. _____

GENERAL INFORMATION

What are your child's favorite activities? _____

How many hours a day does your child watch TV? _____

What TV programs does your child like to watch? _____

How often does your child play with electronic games? _____

How often do you read to your child? _____

What is their favorite story? _____

What recreational activities does your family do together? _____

What method do you use to discipline your child? _____

What are the major situations that require discipline? _____

How long have you lived at your present home? _____

How many hours a week is your child away from his/her parents? _____

Who does he/she spend this time with? _____

ABOUT MY CHILD

Please use the remaining space to write other information you want to share with us which would help us better understand your child. Please state briefly what you hope preschool will accomplish for your child (use an additional sheet if necessary).

X _____ Signature of person completing this application.

Please remit a \$40.00 non-refundable registration fee per family.	* ALLERGY (Office use)	Yes/No
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Office Use Only	Date Application Received:	RF:
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